

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/069290

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2	1						52						
3	1						53						
4		2					54						
5		2					55						
6		2					56						
7		2					57						
8		2					58						
9	1						59						
10	1						60						
11	1						61						
12		1					62						
13		2					63						
14		2					64						
15		1					65						
16		2					66						
17		1					67						
18	1						68						
19	1						69						
20	1						70						
21	1						71						
22		1					72						
23		1					73						
24		1					74						
25	1						75						
26		1					76						
27		1					77						
28		1					78						
29							79						
30							80						
31							81						
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36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	11	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	25	←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	36						TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS